

Case Number:	CM14-0055032		
Date Assigned:	07/11/2014	Date of Injury:	05/27/2011
Decision Date:	09/11/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 57-year-old female was reportedly injured on May 27, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 9, 2014, indicates that there are ongoing complaints of left hand pain. Current medications were stated to include allopurinol, colchicine, and losartan. The physical examination demonstrated decreased range of motion of the proximal and distal interphalangeal joints of the ring finger and little finger. There was tenderness of the metacarpophalangeal joint of the ring finger. Hypothenar atrophy was noted. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for a compressive glove and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compressive Glove: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Compression Gloves has Advantages in the Functional Aftercare of Distal Radius fractures", Schmidt, J.; Tessman, U.J.; Schmidt, I. (2013); "Compression Glove may reduce Complications Secondary to Distal Radius fractures; Level 1 Evidence", The Journal of Hand Surgery, Shuler, M.S.; Cole, A.L.; Monroe, P.C.; Harris, L.C.; Chancey, J.A.; Robinson, M.A. (2011).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://clinicaltrialsfeeds.org/clinical-trials/show/NCT01118715>.

Decision rationale: The use of a compressive glove is commonly used to treat conditions such as excessive swelling or other chronic inflammatory conditions. According to the progress note dated January 9, 2014, the injured employee does not have any of these conditions. Therefore this request for compressive glove is not medically necessary.